

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl # 3

DP5-2462
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost					(26,482.89)
PAYMENT:							
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							
Use continuation sheet(s) if necessary							
Shipped from	to	Weight	Government B/L No.	Total	(26,482.89)		

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATOTHR

(Sign original only)

Differences _____

Date 7/23/58

*Payee

certificate not required when a like certificate is made by payee on attached bill or bills)

Per

Title

Amount verified; correct for
(Signature or initials) ER

(26,482.89)

Contract No. A-101

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

†

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19_____, for \$ _____
 on _____, 19_____. Payee _____
 Cash, \$ _____, on _____, 19_____. Payee _____
 (Sign original only) _____

* When a voucher is signed or received in the name of a company or corporation, the name of the person
 writing the company or corporate name, and the name in which he signs, shall be entered. If no
 "John Doe Company, per John Smith, Secretary, or Treasurer, is the name below." Per _____

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary;
 otherwise the approving officer will sign on the line below "Approved for \$ _____", and _____
 over his official title.

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020035-6

Title _____

16-22900-6

STATOTHR

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Bureau Voucher for Purchases
Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 21 of Bureau Voucher No. 2150

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN-TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		<u>Other Costs</u>					
		JV 028019				(1,853	55)
		028060				98	85
		028608				(87	63)
		028609				(33	89)
		038019				(2,058	92)
		038060				13	72
		048019				(4,231	48)
		048060				86	92
		058008				(104	80)
		058060				51	24
		058061				(74	86)
		058608				(909	37)
		058613				4	07
		058661				(649	63)
		068008				(2,452	50)
		068060				14	63
		068061				(1,751	78)
		068015				4	20
		068619				(14,842	91)
						\$ (28,777	69)

Approved For Release 2002/06/10 : CIA RDP64-00360R000600020035-6

THE RAMO-WOOLDRIDGE CORPORATION
FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

3/16/58

Approved For Release 2002/06/10 : CIA-ADP64-00360R000600020035-6

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

5/18/58

Approved For Release 2002/06/10 : CIA (RDP64-00360R000600020035-6

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THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

5/18/58

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Sheet 4

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR

5/25/58

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Sheet #5

THE RAMO-WOOLDRIDGE CORPORATION
FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

6/29/58

Sheet #6

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE 7/06/58

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	TICK CLASS	Cost Element	TH. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day				Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order				
05	07	03	8	62552	45991		07	10	264			1	50	25	40	22	12501	5065	21		1155	
05	07	03	8	62585	45995		07	10	264			1	50	25	40	22	12501	5065	21		1118	
05	07	03	8	E-11043	45994		07	10	290			1	50	25	40	22	12501	5065	21		5250	
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6																						
5																						
4																						
3																						
2																						

Continued to Sheet #7

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Sheet #7

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

7/13/58 .